



TRANSMITTAL FORM

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Total Number of Pages in This Submission	8	Attorney Docket Number	NP-0079
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Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	NP Photonics, Inc.		
Signature			
Printed name	Douglas Pearson, VP Finance		
Date	April 19, 2006	Reg. No.	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	Carole Duckworth	Date	April 19, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the application of: Kaneda et al.
Group Art Unit: 2828
Serial No: 10/633,014
Examiner: Van Roy, Tod
Filed: August 1, 2003
Docket No.: NP-0079
For: All-Fiber Q-Switched Laser

AMENDMENT AND RESPONSE TO OFFICE ACTION

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

No additional fees are believed necessary at this time. In the event that any additional fees are required for the prosecution of this application, please charge any necessary fees to Deposit Account No. 502016. No extension of time is believed to be necessary. If, however, an extension of time is needed, the extension is requested and please charge the fee for this extension to Deposit Account No. 502016.

In response to the Office Action dated March 28, 2006, please amend the above-identified application as follows: